

<i>SERFF Tracking Number:</i>	<i>MCHX-126371626</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43992</i>
<i>Company Tracking Number:</i>	<i>WL - AR (REV 09/09)</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>WL - XX (Rev 09/09) Individual Whole Life Insuranc</i>		
<i>Project Name/Number:</i>	<i>WL - XX (Rev 09/09) Individual Whole Life Insurance Policy Sterling Life Insurance Company /WL - XX (Rev 09/09) Individual Whole Life Insurance Policy Sterling Life Insurance Company</i>		

Filing at a Glance

Company: Sterling Life Insurance Company

Product Name: WL - XX (Rev 09/09) Individual SERFF Tr Num: MCHX-126371626 State: Arkansas

Whole Life Insuranc

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 43992

Sub-TOI: L07I.101 Fixed/Indeterminate
Premium - Single Life

Co Tr Num: WL - AR (REV 09/09) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
Author: SPI McHughConsulting
Disposition Date: 11/05/2009
Date Submitted: 11/04/2009
Disposition Status: Approved-Closed

Implementation Date Requested: 12/04/2009

Implementation Date:

State Filing Description:

General Information

Project Name: WL - XX (Rev 09/09) Individual Whole Life Insurance
Policy Sterling Life Insurance Company

Status of Filing in Domicile: Pending

Project Number: WL - XX (Rev 09/09) Individual Whole Life Insurance
Policy Sterling Life Insurance Company

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing concurrently
in Illinois.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/05/2009

Explanation for Other Group Market Type:

State Status Changed: 11/05/2009

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

Filing Description:

RE: Sterling Life Insurance Company

NAIC# 77399

SERFF Tracking Number: MCHX-126371626 State: Arkansas
Filing Company: Sterling Life Insurance Company State Tracking Number: 43992
Company Tracking Number: WL - AR (REV 09/09)
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: WL - XX (Rev 09/09) Individual Whole Life Insuranc
Project Name/Number: WL - XX (Rev 09/09) Individual Whole Life Insurance Policy Sterling Life Insurance Company /WL - XX (Rev 09/09) Individual Whole Life Insurance Policy Sterling Life Insurance Company

Life Insurance Filing
NAIC Product Codes L071.101

Forms Revised
Whole Life Insurance Policy WL - AR (Rev 09/09)
Revisions to Previously 33093ST-AR (Rev 12/06)
Approved Form

Application LIFAPP WL (09/09) AR
Revisions to Previously Form No. 333094ST-AR-REV5/02
Approved Form

Accelerated Benefit Disclosure WL - AB Disclosure - Generic
Revisions to Previously Form No. 330193ST-AR
Approved Form

Actuarial Memorandum

On behalf of Sterling Life Insurance Company, McHugh Consulting Resources, Inc. has been requested to file the above referenced revised forms your consideration and approval. We have provided an authorization letter for your files.

Policy form 33093ST-AR (Rev 12/06) and disclosure Form No. 330193ST-AR were originally approved by your office on January 9, 2007, and application Form No. 333094ST-AR-REV5/02 was originally approved by your office on April 9, 2002 respectively, but have been revised to reflect the following changes:

- " More than one beneficiary is able to be selected;
- " Increased benefit amounts up to \$50,000;
- " Gender, smoker/nonsmoker specific premium amounts;
- " War exclusion added;
- " Signatures were changed;
- " Minor formatting/language changes which are underlined.

There are not other changes to these forms, nor are any changes needed to any other previously approved forms associated with these products.

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This is not an illustrated product.

Thank you for your time and consideration of this filing. If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Betty Dabrowski
Consultant
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

Attachments

Company and Contact

Filing Contact Information

Tim Hager, Compliance Assistant	mcr@mchughconsulting.com
McHugh Consulting Resources	215-230-7960 [Phone]
350 South Main Street, Suite 103	215-230-7961 [FAX]
Doylestown, PA 18901	

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Sterling Life Insurance Company	CoCode: 77399	State of Domicile: Illinois
2219 Rimland Drive	Group Code:	Company Type:
Bellingham, WA 98226	Group Name:	State ID Number:
(360) 392-9098 ext. [Phone]	FEIN Number: 13-1867829	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00

SERFF Tracking Number: MCHX-126371626 State: Arkansas
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Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Life Insurance Company	\$150.00	11/04/2009	31795264

SERFF Tracking Number:	MCHX-126371626	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/05/2009	11/05/2009

<i>SERFF Tracking Number:</i>	<i>MCHX-126371626</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-126371626 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Submission Letter		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Form Listing		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Statement of Policy Cost and Benefit Information		Yes
Form	Whole Life Insurance Policy With Accelerated Death Benefit Premiums Payable For Life Dividends Not Paid		Yes
Form	Whole Life Insurance Application		Yes
Form	Accelerated Benefit Disclosure		Yes

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Form Schedule

Lead Form Number: WL - AR (Rev 09/09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WL - AR (Rev 09/09)	Policy/Cont	Whole Life Insurance Initial			50.660	WL - AR (Rev 09_09).PDF
		al	Accelerated Death				
		Certificate	Benefit Premiums				
			Payable For Life				
			Dividends Not Paid				
	LIFAPP WL (09/09) AR	Application/	Whole Life Insurance Initial			50.660	LIFAPP WL (09_09) AR.PDF
		Enrollment	Application				
		Form					
	WL - AB	Other	Accelerated Benefit	Initial		50.660	WL - AB
	Disclosure - Generic		Disclosure				Disclosure - Generic.PDF

STERLING LIFE INSURANCE COMPANY

Policy Summary

Policy Number: [12345]

Life Insured: [John Doe]

Owner: [John Doe]

Plan Type: [Whole Life Policy]

Face Amount of Coverage: [\$5,000.00]

Policy Date: [9/9/2009]

Issue Age: [35]

Premium:

Annual: [\$88.50]

Semi-Annual: []

[Quarterly]: []

Monthly (APC): []

STERLING LIFE INSURANCE COMPANY

Administrative Offices/Customer Service

[P.O. Box 1471, Waterbury, CT 06721]

[(800) 489-1390]

Whole Life Insurance Policy With Accelerated Death Benefit Premiums Payable For Life Dividends Not Paid

If an accelerated payment is made, the policy will terminate.

Accelerated benefits may be taxable. Consult your tax advisor before applying for this benefit.

GUIDE TO YOUR POLICY			
	Page		Page
Accelerated Payment	2	Limited Option to Increase Insurance	2
Amount of Insurance	Application	Loans	7
Automatic Premium Loan	7	Misstatement of Age	8
Beneficiaries	5	Ownership	4
Calculation of Values	7	Premiums	4
Cash Value	6	Proceeds	2
Change of Beneficiaries	5	Reinstatement	4
Grace Period	4	Right to Examine Policy	1
Extended Term Insurance	6	Settlement Options	5
Incontestability	8	Suicide	8
Issue Date	1	Exclusions	8

PLEASE READ YOUR POLICY CAREFULLY.

As the Owner you have benefits and rights described in this policy.

The Insured is named in the application. The Beneficiary/Beneficiaries are as named in the application, unless later changed. Sterling will pay the proceeds of this policy to the Owner prior to the death of the Insured or to the Beneficiary/Beneficiaries upon receipt of due proof that the Insured died while the policy is in force, subject to the provisions of this policy and of any amendments attached to the policy. This policy is issued in consideration of the application and the payment of the first premium.


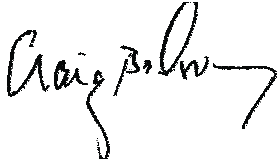
Thirty Day Right to Examine Policy

The Owner may return this policy to Sterling's Administrative Office or to the agent who sold it within 30 days after the policy is delivered. Sterling will refund any premium paid and the policy will be considered void from the beginning.

Effective Date – Issue Date

This policy is effective on its issue date shown on the application. Premium due dates, policy anniversaries and policy years shall be computed from the issue date.

Signed by Our [President] and [Assistant Secretary].

[] [

[President] [Assistant Secretary]

LIMITED OPTION TO INCREASE AMOUNT OF INSURANCE

The Owner may elect to purchase additional amounts of insurance on the life of the Insured at the times listed in the table below, **provided that, in no event shall the total amount of insurance under this policy exceed \$50,000.** The premium rate payable for additional amounts of insurance will be based on the Insured's attained age on the option date.

<u>OPTION NO.</u>	<u>AMOUNT OF INCREASE</u>	<u>OPTION DATE</u>
1	\$1,000, \$3,000 or \$5,000	First Semi-annual Anniversary
2	\$1,000, \$3,000 or \$5,000	First Anniversary
3	\$1,000, \$3,000 or \$5,000	Second Anniversary

The Owner may elect only one option on any option date. If the Owner does not elect an option, it will not affect the right to elect options that follow. Options shall be made by notice to Sterling and payment of the applicable premium during the lifetime of the Insured and within 60 days before or after the option date. No option may be made when the policy is being continued as extended term insurance. After any option is made, Sterling will issue an amendment for attachment to the policy. It will show the total amount of life insurance in force, the new premium, and a revised Table of Non-forfeiture Values.

No option to increase the amount of insurance under this section may be exercised if the amount of insurance selected on the application is \$50,000.

POLICY PROCEEDS

If the policy is not being continued as extended term insurance, the policy proceeds upon the death of the Insured will be:

- (1) the amount of insurance selected in the application; plus
- (2) amounts of insurance under any policy amendment in force on the date of death; plus
- (3) any part of a premium which applies beyond the policy month of death; less
- (4) any indebtedness on the policy.

If the policy is being continued as extended term insurance, the policy proceeds will be the amount of extended term insurance.

If the Owner and any irrevocable Beneficiary/Beneficiaries or assignee requests accelerated payment, and the payment is approved, the policy proceeds will be:

- (1) the amount of insurance selected in the application; plus
- (2) amounts of insurance under any policy amendments in force at the time of the request; plus
- (3) any part of a premium which applies beyond the policy month of the payment; less
- (4) 6 months interest on the total of (1) and (2) using the loan interest rate under this policy; less
- (5) any indebtedness on the policy.

When a claim is made under this policy due to the death of the Insured, settlement will be made within thirty (30) days after receipt of due written proof of death. Sterling will pay interest as required by law from the date due written proof of death is received by Sterling until the date Sterling accepts the claim and offers payment.

Interest on Proceeds

Arkansas Law provides for the payment of interest at [8]% upon the proceeds or refund of premium on any individual life insurance policy if a claim is paid more than 30 days after Sterling receives due proof of death.

ACCELERATED PAYMENT

Terminal Condition

If the Insured is diagnosed with a terminal condition which, in the opinion of a physician licensed to practice medicine in all its branches, would generally result in the Insured's death within a period not to exceed 12 months or would require continuous confinement in a Hospital, Extended Care Facility or Nursing Home until death, the Owner and irrevocable Beneficiary/Beneficiaries or assignee, if any, may request payment of the proceeds. Accelerated payment is not available if the policy is being continued as extended term insurance.

"Hospital" means an institution which:

1. Is duly licensed as a Hospital by the jurisdiction in which it is located;
2. Is operated within the scope of its license when rendering services for care and treatment for which charge is made; and
3. Provides for the care and treatment of sick or injured people on an inpatient basis;
4. Provides for diagnosis and surgery under the supervision of a staff of one or more licensed physicians and providing twenty-four (24) hour per day nursing services by registered nurses on duty or call.

It is **NOT**:

1. A place that is primarily used for rest; or
2. A place or any part of a place, operated mainly for the care and treatment of:
 - (a) Mental and Nervous Disorders; or
 - (b) Alcoholism; or
 - (c) Drug addiction; or
3. A residential facility, congregate living facility, or a facility with similar living arrangements.

"Nursing Home" means a facility or distinctly separate part of a Hospital or other institution which:

1. Is licensed by the appropriate licensing agency to engage primarily in providing nursing care and related services for inpatients; and
2. Provides twenty-four (24) hour per day nursing service under a planned program of policies and procedures which was developed with the advice of and is periodically reviewed and executed by a professional group of at least one (1) Licensed Health Care Practitioner (other than the owner of the facility) and one (1) nurse; and
3. Has a Licensed Health Care Practitioner available to furnish medical care in case of emergency; and
4. Has at least one (1) nurse who is employed there full time; and
5. Has a nurse on duty or on call at all times; and
6. Maintains clinical records for all patients; and
7. Has appropriate methods and procedures for handling and administering drugs and biologicals.

It is **NOT**:

1. A place that is primarily used for rest; or
2. A place or any part of a place, operated mainly for the care and treatment of:
 - (a) Mental and Nervous Disorders; or
 - (b) alcoholism; or
 - (c) drug addiction; or
3. A residential facility, congregate living facility, or a facility with similar living arrangements.

"Extended Care Facility" means a place which, by law, provides care and treatment to persons who are convalescing as resident bed patients from a Sickness or Injury after a Hospital stay. It must also:

1. Qualify as a Extended Care Facility under Medicare; or be qualified to receive such approval if requested;
2. Have a registered graduate nurse (R.N.) on duty or on call in the place at all times to supervise 24-hour nursing service;
3. Have a Physician to supervise the operation of the place; and
4. Maintain daily medical records for all patients.

Its main purpose must not be to provide Custodial Care, rest-care for the aged or treatment such as that provided by a clinic or sanitarium.

Proof of Loss

Prior to the payment of the proceeds, Sterling must be furnished satisfactory written proof of a terminal condition, including a diagnosis and such other clinical, radiological, histological or laboratory evidence of the illness it may reasonably request.

Involuntary Access

Accelerated payment is not intended to cause involuntary access to proceeds. Payment will not be made if the Owner or Insured is required by law to use the proceeds to meet the claims of creditors, whether in bankruptcy or otherwise, or is required to obtain proceeds to apply for, obtain or keep a government benefit or entitlement.

Termination

Upon receipt of a request for accelerated payment, Sterling shall pay the proceeds to the Owner (even if the Insured shall die prior to the date of payment) and the policy will terminate without value. No other payments will be made.

PREMIUMS

Premium Payment

The premium for this policy is shown in the application. Premiums are payable in advance at Sterling's Administrative Office or may be paid to our agent in return for a receipt signed by an executive officer and countersigned by the agent.

Grace Period

A grace period of 31 days will be allowed for the payment of each premium after the first. During the grace period the policy will remain in force. If death occurs during the grace period, any unpaid premium will be deducted from the proceeds.

Reinstatement

This policy may be reinstated within three years after the date to which premiums were paid unless it has been surrendered for its cash value. To reinstate the policy the Owner must:

- (1) furnish Sterling with satisfactory evidence of insurability;
- (2) repay or reinstate all indebtedness on the policy, plus interest compounded annually at the rate of [8]% per year;
- (3) pay all past unpaid premiums, plus interest compounded annually at the rate of [5]% per year.

OWNERSHIP PROVISIONS

Ownership of Policy

While the Insured lives, the Owner may exercise every right of ownership provided by the policy. The consent of the Beneficiary/Beneficiaries are not necessary to exercise any right unless the Beneficiary/Beneficiaries are irrevocably named. All rights of ownership end at the Insured's death and the proceeds will be paid to the Beneficiary/Beneficiaries.

Change of Ownership

While the Insured lives, the Owner may be changed. The Owner must furnish Sterling with a written request at its Administrative Office. When the request is recorded by Sterling the change will be effective from the date the request was signed, subject to any actions taken by Sterling before the request was received. Sterling reserves the right to obtain the policy in order to record the change. A change in ownership revokes all previous designations. If the Owner dies before the Insured, the Insured becomes the new Owner.

Assignment

The Owner may assign this policy. No assignment is binding until a copy of it is received at Sterling's Administrative Office. Sterling is not responsible for the validity of any assignment. The rights of the Owner and any Beneficiary/Beneficiaries are subject to the rights of a valid assignee.

BENEFICIARIES**Payment upon Death**

When the Insured dies while the policy is in force the Beneficiary/Beneficiaries will receive the proceeds. If the Beneficiary/Beneficiaries die before the Insured, or if no Beneficiary/Beneficiaries are named, the contingent Beneficiary/Beneficiaries will receive the proceeds. If both the Beneficiary/Beneficiaries and contingent Beneficiary/Beneficiaries die before the Insured or if no Beneficiary/Beneficiaries are named, the Owner will receive the proceeds. If the Owner does not survive the Insured, the proceeds will be paid to the Insured's estate. For purposes of this section a person survives the Insured only if he or she is living on the 9th day after the Insured's death.

Selection and Change of Beneficiaries

While the Insured lives, the Owner may change the Beneficiary/Beneficiaries by filing a written request at Sterling's Administrative Office in a form satisfactory to Sterling. The Beneficiary/Beneficiaries irrevocably named may not be changed without consent of the Beneficiary/Beneficiaries. When the request is recorded by Sterling, the change will be effective from the date the request was signed, subject to any action taken by Sterling before the request was received. No change will be valid if received by Sterling after the Insured dies.

SETTLEMENT OPTIONS

The proceeds, in whole or part, may be received as a lump sum cash payment, or under any one of the following plans. No plan may be selected if the amount to be paid to any one person is less than \$[2,000], or if any payment to any one person would be less than \$[50].

Income of A Definite Amount

Sterling will make equal periodic payments of a definite amount. Payments can be annual, semi-annual, quarterly or monthly. Payments will continue until the proceeds are exhausted. The last payment will equal the amount of any unpaid proceeds. Unpaid proceeds will earn interest at [4]% compounded yearly. Sterling may increase the interest rate. If increased, the payment period will be extended. If the payee dies, the amount of remaining proceeds with earned interest will be paid in one sum to his or her estate unless otherwise provided.

Life Income

Payments will be made for the payee's lifetime. Payments will be according to the table below. Amounts payable under this plan will be based on interest at [4]% compounded yearly. Sterling may increase the interest rate and the amount of any payment.

Table

Monthly payment rates for each \$1,000 of proceeds

Age of Payee Nearest Birthday	Straight Life	Age of Payee Nearest Birthday	Straight Life	Age of Payee Nearest Birthday	Straight Life
[25]	[\$3.67]	[46]	[\$4.37]	[67]	[\$6.58]
[26]	[3.68]	[47]	[4.43]	[68]	[6.77]
[27]	[3.71]	[48]	[4.49]	[69]	[6.99]
[28]	[3.73]	[49]	[4.55]	[70]	[7.21]
[29]	[3.75]	[50]	[4.61]	[71]	[7.46]
[30]	[3.77]	[51]	[4.68]	[72]	[7.72]
[31]	[3.80]	[52]	[4.75]	[73]	[8.01]
[32]	[3.83]	[53]	[4.83]	[74]	[8.31]
[33]	[3.85]	[54]	[4.91]	[75]	[8.64]
[34]	[3.88]	[55]	[4.99]	[76]	[8.99]
[35]	[3.91]	[56]	[5.08]	[77]	[9.37]
[36]	[3.94]	[57]	[5.18]	[78]	[9.78]
[37]	[3.98]	[58]	[5.28]	[79]	[10.22]
[38]	[4.01]	[59]	[5.39]	[80]	[10.70]
[39]	[4.05]	[60]	[5.51]	[81]	[11.20]
[40]	[4.09]	[61]	[5.63]	[82]	[11.75]
[41]	[4.13]	[62]	[5.76]	[83]	[12.34]
[42]	[4.18]	[63]	[5.90]	[84]	[12.97]
[43]	[4.22]	[64]	[6.05]	[85]	[13.64]
[44]	[4.27]	[65]	[6.22]		
[45]	[4.32]	[66]	[6.39]		

Annual, semi-annual or quarterly payments are determined by multiplying the monthly payment by [11.787], [5.951] or [2.990], respectively.

NON-FORFEITURE OPTIONS

Either of the following options may be elected if Sterling receives a written request at its Administrative Office before the Insured's death.

(1) Cash Value

Sterling will pay the cash value of the policy to the Owner, less any indebtedness, at any time after it first has such value.

- (a) If no premium then due is unpaid, the cash value of this policy will be determined in accordance with the Table of Non-forfeiture Values.
- (b) If a premium was not paid when due, the cash value for the first 60 days after the due date will be the same as on the due date. After 60 days, if the policy is continued as extended term insurance, its cash value will be the reserve on such insurance; however, if the policy is surrendered within 31 days of a policy anniversary date, the reserve will not be less than it was as of the anniversary date.

(2) Extended Term Insurance

Sterling will apply the cash value of the policy, less any indebtedness on the policy, as a single premium to provide extended term insurance. The premium rate will be based on the Insured's attained age. The amount of insurance will be the amount of insurance under the policy, less any indebtedness. The Table of Non-forfeiture Values shows the length of extended term insurance assuming no outstanding debt.

Deferment

Sterling may defer payment for up to six months after receiving a request for the cash value. If payment is deferred 31 days or more, interest at the rate of [4]% per year will be paid.

Automatic Option

If a premium due is not paid before the end of the grace period and a non-forfeiture option has not been selected, the policy will continue in force as extended term insurance.

POLICY LOANS

Cash Loans

The Owner may obtain a policy loan, with this policy as the only security, while this policy is in force. The amount of the loan may not exceed the loan value. The loan value equals the cash value at the next premium due date. Loans are not available while the policy is continued as extended term insurance. The loan value will be reduced by any indebtedness on the policy not repaid, any premium due and unpaid, and interest at the rate of [7.4]% per year, payable in advance. Interest on the loan will be charged at the same rate and is due and payable annually in advance. If not paid, interest will be added to the principal and bear interest on the same terms.

Sterling may defer the granting of a loan, except loans to pay premiums, for six months from the date the loan application is received.

Automatic Premium Loan Option

This option will be in effect only if chosen in the application, or by written request filed at Sterling's Administrative Office while no premiums are due and unpaid. It will continue in effect until cancelled in writing.

If premium remains unpaid at the end of the grace period, Sterling will make a loan to pay the premium to the next semi-annual anniversary and adjust the billing mode to semi-annual. Thereafter, if the next two premium payments are made by automatic premium loan, the billing mode will be adjusted to annual and subsequent loans shall pay an annual premium. Loans will pay such premiums due if, after making the loan, the loan value is greater than or equal to zero. If such a loan would exceed the loan value of the policy, then a charge equal to the loan value will be made and the policy will continue in force after the due date for a number of days computed by Sterling based upon the Insured's attained age.

Interest will be computed in the same manner as cash loans.

Termination

While the Insured lives, all or any part of the indebtedness may be repaid; however, whenever indebtedness on the policy exceeds the loan value, the policy will terminate 31 days after the Owner and any assignee of record have been notified at their last known address.

BASIS OF CALCULATION OF VALUES

The Table of Non-forfeiture Values shows the cash value and extended term insurance of this policy at the end of each policy year provided all premiums have been paid in full when due. Upon request, Sterling will furnish an extension of the Table of Non-forfeiture Values. The cash value of this policy is based upon the gender specific, smoker or nonsmoker, select and ultimate Commissioners' 2001 Standard Ordinary Table of Mortality, age last birthday, with curtate functions and [5.0]% interest compounded annually. Extended term insurance is based upon the Commissioners' 2001 Standard Ordinary Table of Mortality, age last birthday, with curtate functions and [5.0]% interest compounded annually.

The reserve of this policy is computed in accordance with the Commissioners' Reserve Valuation Method. It is based on the gender specific, smoker or nonsmoker, select and ultimate Commissioners' 2001 Standard Ordinary Table of Mortality, age last birthday with curtate functions and [4.0]% interest compounded annually. A detailed statement of the method of computing these reserves and values has been filed with the insurance supervisory official of the state in which this policy is delivered. Cash values at any time other than the end of a policy year will be calculated with allowance for the time elapsed in that year and for any premium paid for that year. The cash values are equal to or greater than the amount required by the law of the state in which this policy is delivered.

GENERAL PROVISIONS

The Contract

The policy, including any amendments and applications, is the entire contract. All statements made in an application shall be representations and not warranties. No statement made by or on behalf of the Insured will be used by Sterling to defend any claim under the policy unless the statement is in a written application. Only Sterling's President, Vice President, Secretary or Assistant Secretary is authorized to alter this policy or to waive any of its requirements, and then only in writing.

Incontestability

Except for non-payment of premiums, this policy will be incontestable after it has been in force during the Insured's lifetime for two years from the issue date.

Suicide

If within two years from the issue date the Insured dies by suicide, whether sane or insane, the amount payable shall be limited to the amount of premiums paid under the policy, less indebtedness.

Age, Misstatement of Age

As used in this policy, attained age means age last birthday.

If the Insured's age has been misstated, any amount payable under the policy shall be such as the premium paid would have purchased at the correct age of the Insured at the issue date.

Exclusions – War

Any exclusion applied to the death benefit of the policy shall be limited to the following:

- (i) If in the application the proposed insured represents that he or she is a member of the military, military reserves, or the National Guard, whether active or inactive, risk of death as a result of war or any act related to military service shall not be excluded from the death benefit of the policy.
- (ii) Other than as described in (i) above, risk of death as a result of war or act of war may be excluded from the death benefit of the policy under the following conditions:
 - (A) As a result of war or act of war, if the cause of death occurs while the insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces or within six months after termination of service in such forces; or
 - (B) As a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the insured is serving in such forces and is outside the home area, provided such death occurs outside the home area or within six months after the insured's return to the home area or area in such forces or within six months after the termination of service in such forces, whichever is earlier.
- (iii) Regarding non-combatant civilian exclusions, risk of death may be excluded under the following conditions:
 - (A) As a result of war or an act of war while the insured is serving in any civilian non-combatant unit serving with such forces, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
 - (B) As a result of the special hazards incident to service in any civilian noncombatant unit serving with such forces, if the cause of death occurs while the insured is serving in such units and is outside the home area, provided such death occurs outside the home area or within six months after the insured's return to the home area while serving in such units or within six months after the termination of service in such units, whichever is earlier.
- (iv) Regarding civilian exclusions, risk of death may be excluded under the following conditions:
 - (A) As a result of war or an act of war, within two years from the date of issue of the policy, while the insured is not serving in such forces or units, if the cause of death occurs while the insured is outside the home area, provided such death occurs outside the home area or within six months after the insured's return to the home area.
- (v) "Home area" is defined to include at least the 50 states of the United States and its territories, the District of Columbia and Canada. "War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization. "Act of war" means any act peculiar to military, naval or air operations in time of war.

TABLE OF NON-FORFEITURE VALUES

TYPE OF PLAN: WHOLE LIFE

DATE OF POLICY: [10/01/2009]

INSURED: [JOHN DOE]

POLICY NO: [123456789]

ISSUE AGE: [35 MALE]

AMOUNT OF INSURANCE: [\$1,000]

Policy Year	Cash Value	ETI Length	
		Years	Days
[1	[0	[0	[0
2	0	0	0
3	4.52	5	30
4	13.20	10	314
5	22.20	14	244
6	31.54	17	176
7	41.23	19	209
8	51.28	21	19
9	61.70	22	54
10	72.48	23	3
11	83.61	23	256
12	95.09	24	97
13	106.91	24	255
14	119.09	25	3
15	131.67	25	79
16	144.68	25	127
17	158.13	25	149
18	172.01	25	147
19	186.31	25	122
20	201.04	25	77
Age	60	280.49	23 354
Age	65	366.19	22 14
Age	70]	457.22]	19] 301]

The cash value of this policy is based upon the gender specific, smoker or nonsmoker, select and ultimate Commissioners' 2001 Standard Ordinary Table of Mortality, age last birthday, with curtate functions and [5.0]% interest compounded annually.

Extended term insurance is based upon the Commissioners' 2001 Standard Ordinary Table of Mortality, age last birthday, with curtate functions and [5.0]% interest compounded annually.

STERLING LIFE INSURANCE COMPANY • Chicago, Illinois
Application for Whole Life Insurance Coverage (For Issue Ages 18-75)

I apply for the following Life insurance policy based on the information regarding the proposed insured's health.

APPLICATION/ISSUE DATE			PROPOSED INSURED'S DATE OF BIRTH			AGE	STATE OF	GENDER	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	YRS	BIRTH	M	F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MR	MS	MRS	PROPOSED INSURED'S NAME (FIRST, MIDDLE INITIAL, LAST NAME)					PROPOSED INSURED'S SOCIAL SECURITY NO.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	
PROPOSED INSURED - RESIDENCE ADDRESS (NO. & STREET)							RESIDENCE PHONE NUMBER		
<input type="text"/>							<input type="text"/>		
CITY							STATE	ZIP CODE	
<input type="text"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>
MR	MS	MRS	OWNER - NAME (IF OTHER THAN PROPOSED INSURED)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
OWNER'S RELATIONSHIP TO PROPOSED INSURED							OWNER'S SOCIAL SECURITY NO.		
<input type="text"/>							<input type="text"/>		
OWNER - RESIDENCE ADDRESS (NO. & STREET)							OWNER'S RESIDENCE PHONE NUMBER		
<input type="text"/>							<input type="text"/>		
CITY							STATE	ZIP CODE	
<input type="text"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY BENEFICIARY							RELATIONSHIP TO INSURED	PERCENTAGE	
<input type="text"/>							<input type="text"/>	<input type="text"/>	
PRIMARY BENEFICIARY							RELATIONSHIP TO INSURED	PERCENTAGE	
<input type="text"/>							<input type="text"/>	<input type="text"/>	
CONTINGENT BENEFICIARY							RELATIONSHIP TO INSURED	PERCENTAGE	
<input type="text"/>							<input type="text"/>	<input type="text"/>	
CONTINGENT BENEFICIARY							RELATIONSHIP TO INSURED	PERCENTAGE	
<input type="text"/>							<input type="text"/>	<input type="text"/>	

BILLING ADDRESS: ☐ Home ☐ Business

SCHEDULE

Maximum Life Insurance Benefit: ☐ \$5,000 ☐ \$7,000 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000
☐ \$30,000 ☐ \$35,000 ☐ \$40,000 ☐ \$45,000 ☐ \$50,000

Initial Premium Collected \$_____ Mode of Payment: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (APC)

HEIGHT FT. IN. WEIGHT LBS.

Within the last 60 days has the proposed insured been hospitalized, confined to a nursing home, received hospice or home health care services, or has the proposed insured been diagnosed with a terminal condition with less than 2 years to live? ☐ Yes ☐ No

Has the proposed insured used tobacco in any form in the last 12 months? ☐ Yes ☐ No

Qualification Questions

Yes No

1. Has the proposed insured received any medical ADVICE or TREATMENT from a member of the medical profession or taken any prescription MEDICINE within the past 5 years for:
 - a. Angina, stroke, heart attack, atrial fibrillation, congestive heart failure, or a heart valve replacement? ☐ Yes ☐ No
 - b. Liver or kidney disorder, cirrhosis of the liver, or organ transplant? ☐ Yes ☐ No
 - c. Cancer, melanoma, brain tumor, Hodgkin's disease or leukemia? ☐ Yes ☐ No
 - d. Alzheimer's disease, dementia, Parkinson's disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), or muscular dystrophy? ☐ Yes ☐ No
 - e. Chronic Obstructive Lung/Pulmonary disease, Emphysema or other lung disease requiring oxygen? ☐ Yes ☐ No
 - f. Manic depression, schizophrenia, alcoholism or drug addiction? ☐ Yes ☐ No
 - g. Down's Syndrome, Cerebral Palsy or Cystic Fibrosis? ☐ Yes ☐ No
2. Is the proposed insured an insulin dependent diabetic? ☐ Yes ☐ No
3. Has the proposed insured been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex)? ☐ Yes ☐ No
4. Has the proposed insured been convicted of reckless driving or driving under the influence of alcohol or drugs in the past 5 years? ☐ Yes ☐ No
5. Has the proposed insured been rejected or rated for life insurance coverage by any company in the last 5 years? ☐ Yes ☐ No

If any of the above questions are answered "Yes," the insured is not eligible for coverage.

6. Is the proposed insured a non-insulin dependent diabetic taking oral medication and/or treated by diet? ☐ Yes ☐ No
7. Has the insured applied for or received any disability payments from Social Security or Workers' Compensation within the past 2 years? ☐ Yes ☐ No
8. Within the past 5 years, has the proposed insured had any medical advice or treatment from a member of the medical profession or taken prescription medications for any other medical condition(s) not listed above? ☐ Yes ☐ No
9. Have 2 or more of the proposed insured's parents, brothers, or sisters been diagnosed with heart disease, cancer or any malignant growth while they were under the age of 60? ☐ Yes ☐ No

(If "Yes" is answered to question 6, 7, 8 or 9 explain below.) In any case, please provide information on your physician.

Health Condition	Medication	Receiving Treatment?	Surgery?	Date	Physician(s) Name, Address (Street, City, State, Zip) & Phone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	

AUTOMATIC PREMIUM LOAN ELECTION (OWNER MUST MAKE AN ELECTION)

I do ____ choose the Automatic Premium Loan provision.

Will the policy applied for replace or cause the change of any existing life insurance or annuity contracts? ☐ Yes ☐ No

IMPORTANT READ CAREFULLY - I represent and affirm the following:

1. The information which I have provided and which has been recorded on the Application is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau Disclosure Statement, the Accelerated Benefit Disclosure, the notice under the Fair Credit Reporting Act, and Notice of Information Practices.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Sterling Life Insurance Company or its reinsurers to acquire from and authorize any hospital, doctor, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB, Inc.), or consumer reporting agency to release to Sterling any information regarding myself or my past or present health for the purpose of evaluating this application for insurance. I also authorize Sterling or its reinsurers to disclose all medical information to any doctor, the Medical Information Bureau, Inc., or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization shall remain valid for a period of two years from the issue date of the policy. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available upon request to the Company.

I understand that if the amount of insurance applied for is \$50,000, the section of the policy providing for the option to increase the amount of insurance DOES NOT apply and is not effective.

SIGNATURE OF OWNER

SIGNATURE OF INSURED

City

State

I, the authorized agent, have on the Date of Application recorded the information as given to me by the Applicant. I have no reason to believe that the policy applied for will replace existing insurance. I have delivered the Notice of Information Practices and Accelerated Benefit Disclosure. I have no knowledge of any unfavorable medical history not recorded on this application.

Sales Manager

Code Number

Date

Authorized Agent

Agent Number

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STERLING LIFE INSURANCE COMPANY

Administrative Offices/Customer Service
[P. O. Box 1471, Waterbury, CT 06721]
[(800) 489-1390]

ACCELERATED BENEFIT DISCLOSURE

Your policy contains an accelerated benefit that allows the Owner to receive the proceeds of the policy if the Insured is diagnosed with a terminal condition, which means a condition that, in the opinion of a doctor, generally can be expected to result in death within 12 months or would require continuous confinement in a Hospital, Extended Care Facility or Nursing Home until death.

Upon receipt of a request for accelerated payment, the entire proceeds of the policy will be paid to the Owner (even if the Insured dies prior to the date of payment) and the policy will terminate without value. No other payments will be made under the policy.

Accelerated payment is not available if the policy is being continued as extended term insurance.

Unlike other life insurance proceeds, accelerated benefits may be taxable. You should consult your personal tax advisor before applying for this benefit. Also, receipt of accelerated benefits may affect Medicaid or Supplemental Social Security Income benefits or entitlements.

The policy provides that payment will not be made if the Owner requests accelerated benefits involuntarily to meet the claims of creditors, whether in bankruptcy or otherwise, or to keep or obtain a government benefit or entitlement.

We recommend that you obtain the advice of your tax advisor and/or attorney if you have any questions about this benefit.

SERFF Tracking Number: MCHX-126371626 State: Arkansas
Filing Company: Sterling Life Insurance Company State Tracking Number: 43992
Company Tracking Number: WL - AR (REV 09/09)
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: WL - XX (Rev 09/09) Individual Whole Life Insuranc
Project Name/Number: WL - XX (Rev 09/09) Individual Whole Life Insurance Policy Sterling Life Insurance Company /WL - XX (Rev 09/09) Individual Whole Life Insurance Policy Sterling Life Insurance Company

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR Readability Certification.PDF AR Certification Rule and Regulation 19.PDF AR Certification Regulation 49 and Bulletin 11-88.PDF AR Certification Bulletin 11-83.PDF		
Satisfied - Item: Application Comments: Please see Form Schedule.		
Satisfied - Item: Submission Letter Comments: Attachment: Submission Letter.PDF		
Satisfied - Item: Authorization Letter Comments: Attachment: Authorization Letter.PDF		

SERFF Tracking Number: MCHX-126371626 State: Arkansas
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Item Status: Status
Date:

Satisfied - Item: Form Listing
Comments:
Attachment:
Form Listing.PDF

Item Status: Status
Date:

Satisfied - Item: Statement of Variability
Comments:
Attachment:
Statement of Variability.PDF

Item Status: Status
Date:


Satisfied - Item: Statement of Policy Cost and
Benefit Information
Comments:
Attachment:
Statement of Policy Cost and Benefit Information.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Sterling Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
WL – AR (Rev 09/09)	50.66
LIFAPP WL (09/09) AR	50.66
WL – AB Disclosure - Generic	50.66



Signed: _____

Name: Craig Bodway

Title: Assistant Secretary

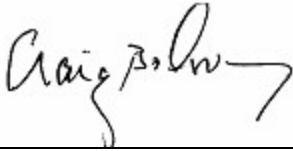
Date: 11/4/09 _____

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Sterling Life Insurance Company

Form Number(s): WL – AR (Rev 09/09), LIFAPP WL (09/09) AR, WL – AB Disclosure - Generic

I hereby certify that to the best of my knowledge and belief, the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Craig Bodway

Name

Assistant Secretary

Title

11/4/09

Date

CERTIFICATE OF COMPLIANCE

Insurer: Sterling Insurance Company

Form Numbers: WL – AR (Rev 09/09), LIFAPP WL (09/09) AR,
WL – AB Disclosure - Generic

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).

Signature of Company Officer



Name Craig Bodway

Title Assistant Secretary

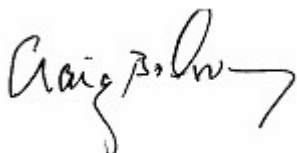
Date 11/4/09

STATE OF ARKANSAS

Certification

Name of Company: Sterling Life Insurance Company

The above named company certifies that Whole Life Policy WL – AR (Rev 09/09) et al has been reviewed and complies with Arkansas Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Craig Bodway

Print or Type Name

Assistant Secretary

Title

McHugh Consulting Resources, Inc.

November 4, 2009

via SERFF

Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Sterling Life Insurance Company
NAIC# 77399
Life Insurance Filing
NAIC Product Codes L07I.101

Forms Revised

- Whole Life Insurance Policy Revisions to Previously Approved Form WL - AR (Rev 09/09)
33093ST-AR (Rev 12/06)
- Application Revisions to Previously Approved Form LIFAPP WL (09/09) AR
Form No. 333094ST-AR-REV5/02
- Accelerated Benefit Disclosure Revisions to Previously Approved Form WL – AB Disclosure – Generic
Form No. 330193ST-AR
- Actuarial Memorandum

Dear Commissioner Bradford:

On behalf of Sterling Life Insurance Company, McHugh Consulting Resources, Inc. has been requested to file the above referenced revised forms your consideration and approval. We have provided an authorization letter for your files.

Policy form 33093ST-AR (Rev 12/06) and disclosure Form No. 330193ST-AR were originally approved by your office on January 9, 2007, and application Form No. 333094ST-AR-REV5/02 was originally approved by your office on April 9, 2002 respectively, but have been revised to reflect the following changes:

- More than one beneficiary is able to be selected;
- Increased benefit amounts up to \$50,000;
- Gender, smoker/nonsmoker specific premium amounts;
- War exclusion added;
- Signatures were changed;
- Minor formatting/language changes which are underlined.

There are not other changes to these forms, nor are any changes needed to any other previously approved forms associated with these products.

This is not an illustrated product.

Thank you for your time and consideration of this filing. If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Betty Dabrowski". The signature is written in a cursive style with a large, stylized "B" and "D".

Betty Dabrowski
Consultant
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

Attachments

STERLING Life Insurance Company

Real People. Wise Choices.®

October 29, 2009

NAIC Company Code: 77399

Re: See Attached Forms Listing

Please accept this letter as authorization from Sterling Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as referenced on the attached form listing on behalf of Sterling Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "M Muchnicki", with a small dot above the second "i".

Michael Muchnicki
President
Sterling Life Insurance Company

STERLING LIFE INSURANCE COMPANY

FORM LISTING

Form Number	Description
WL - AR (Rev 09/09)	Whole Life Insurance Policy With Accelerated Death Benefit Premiums Payable For Life Dividends Not Paid
LIFAPP WL (09/09) AR	Whole Life Insurance Application
WL – AB Disclosure - Generic	Accelerated Benefit Disclosure

Statement of Variability

Re: **Sterling Life Insurance Company Medicare Supplement Insurance Advertisement Filing - NAIC#77399**

Sterling 2009 Whole Life Filing

Individual Whole Life Policy

Individual Whole Life Application

Accelerated Benefit Disclosure

Statement of Policy Cost and Benefit Information

Form Number

WL – AR (Rev 09/09)

LIFAPP WL (09/09) AR

WL – AB Disclosure – Generic

WL – StmtCostBenefit (Rev. 09/09)

All bracketed areas in the forms can change depending on various reasons as outlined below.

Individual Whole Life Policy:

<u>Pg.</u>	<u>Variable Language</u>	<u>Reasoning</u>
0	Quarterly	May change should Sterling decide to not keep this option as a mode of premium payment.
1	Address and phone number	Sterling's contact information will change if Sterling's location is moved.
1	President/Assistant Secretary	Will change if President and/or Assistant Secretary changes.
1	Signatures	Signatures will change if President and/or Assistant Secretary changes.
2	8	Percentage will change should state regulations change.
4	8	Percentage will change should state regulations change.
4	5	Percentage will change should state regulations change.
5	2,000	Dollar amount will change if future experience reveals that the numbers are inadequate.
5	50	Dollar amount will change if future experience reveals that the numbers are inadequate.
5	4	Percent will change if Sterling chooses to increase because of market conditions.
5	Table of Monthly Payment Rates	Calculated rates will change if the 4% interest rate changes due to market conditions.
5	11.787, 5.951, 2.990	Amounts to be multiplied by to determine monthly payment will change if discounts are determined to be inadequate.
7	7.4	Interest percentage will change if state regulations change.

Individual Whole Life Application:

<u>Pg.</u>	<u>Variable Language</u>	<u>Reasoning</u>
1	Quarterly	May change should Sterling decide to not keep this option as a mode of premium payment.
1	Primary and Contingent Beneficiary	May change should Sterling decide to not offer more than one co-beneficiary.

Accelerated Benefit Disclosure:

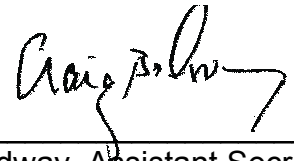
<u>Variable Language</u>	<u>Reasoning</u>
Address and phone number	Sterling's contact information will change if Sterling's location is moved.

Statement of Policy Cost and Benefit Information:

Variable Language

Reasoning

Address and phone number	Sterling's contact information will change if Sterling's location is moved.
Agent name and address	Is specific to the agent who prepares the summary.
Summary Preparation Date	Varies depending on the date the summary was prepared.
Name	Is specific to the prospective policyholder.
Sex	Is specific to the prospective policyholder.
Smoker/Non-Smoker Status	Is specific to the prospective policyholder.
Issue Age	Is specific to the prospective policyholder.
Policy Form Number	Is specific to the state.
Annual Premium Amount	Amounts depend on the sex, issue age, tobacco usage, and face value purchased.
Amount Payable Upon Death	Amount depends on the Maximum Life Insurance Benefit being issued.
Guaranteed Cash Surrender Values	Values depend on the sex, issue age, tobacco usage, and face value purchased.
Cost Indexes	Amounts depend on the sex, issue age, tobacco usage, and face value purchased.
Loan APR	Percentage may change if state regulations change.



Craig Bodway, Assistant Secretary

STERLING LIFE INSURANCE COMPANY

Administrative Offices/Customer Service

[P. O. Box 1471, Waterbury, CT 06721]

[(800) 489-1390]

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Any correspondence regarding this Policy Summary may be forwarded either to our Administrative Offices/Customer Service or to the agent listed below.

This policy summary was prepared by agent:

[Joe Agent]

[123 Main Street]

[Anytown, AS 55555]

This policy summary was prepared on [Month DD, YYYY] **for the life of:**

Name: [John Doe]

Sex: [Male]

Smoker/Non-Smoker Status: [Non-Smoker]

Issue Age: [35]

Policy Form Number	Policy	Annual Premium	Amount of Payable Upon Death
[WLPLAN]	Non Participating Whole Life Policy	\$[152.46]	\$[10,000]

Beginning of Policy Year	Guaranteed Cash Surrender Values
1	\$ -
2	\$ -
3	\$ -
4	\$ [45.20]
5	\$ [132.00]
10	\$ [617.00]
20	\$ [1,863.10]
30	\$ [3,487.10]

Life Insurance Cost Indexes Based on Guaranteed Amount Payable on Death

Surrender End of Policy Year 10	\$ [10.574]
Net Payment End of Policy Year 10	\$ [15.246]
Surrender End of Policy Year 20	\$ [9.880]
Net Payment End of Policy Year 20	\$ [15.246]

Loan Annual Percentage Rate is [7.4]% and is payable in advance.

An explanation of the intended use of these indexes is provided in the "Life Insurance Buyer's Guide."